

TENANT SELF CERTIFICATION FORM

Property Name _____ County _____ BIN# _____

Address _____ Unit # _____ # Bedrooms _____

Head of Household (to be filled in by tenant)

Last name _____ First name _____

Total # of household members _____

Total Annual Household Income (to be filled in by tenant)Total Annual Household Income
From All Sources \$ _____

Household Income at Move in \$ _____

Property Management Use Only

Current Income limit X 140% \$ _____

Household Income exceeds 140% at Self Certification Yes _____ No _____

Household Meets Income Restriction At: 30% _____ 40% _____ 50% _____ 60% _____

Tenant Paid Rent \$ _____ Rental Assistance \$ _____

Utility Allowance \$ _____ other non optional charges \$ _____

Gross Rent for Unit: Unit meets rent restriction at:
(Tenant paid rent + utility Allowance & 30% _____ 40% _____ 50% _____ 60% _____
Other non-optional charges) \$ _____**Student Status**

Are All Occupants Full Time Students? Yes _____ No _____

If yes, circle Student Exemption:

1. TANF Assistance
2. Job Training Program
3. Single Parent/Dependent Child
4. Married/ Joint Return
5. Previous Foster Care

Household Self Certification & Signatures

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

Signature date_____
Signature date_____
Signature date_____
Signature date**Signature of Owner/Representative**

Based on the representations herein submitted by the above household and upon review of such submission, the above household is eligible under the provisions of Section 42 of the IRS code, as amended, and the Declaration of Restrictive Covenants, to live in a unit in this Project.

Signature of Owner/Representative date